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Application Number	09/849,065-Conf. #8164
Filing Date	May 4, 2001
First Named Inventor	Ward D. Halverson
Art Unit	1762
Examiner Name	M.L. Padgett
Attorney Docket Number	101430-0131RCE2

PTO/SB/30 (04-05)

Request For Continued Examination (RCE) **Transmittal** Address to:

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

<ol> <li>Submission required under 37 CFR 1.114 Note: If the RCE is proper, are amendments enclosed with the RCE will be entered in the order in which they we applicant does not wish to have any previously filed unentered amendment(s) eramendment(s).</li> </ol>	ere filed unless app	olicant instructs otherwise. If
a. X Previously submitted. If a final Office action is outstanding, any may be considered as a submission even if this box is not check	y amendments fi ked.	led after the final Office action
i. Consider the arguments in the Appeal Brief or Reply Brief pr	eviously filed on	
ii. Other		
b. x Enclosed		
i. X Amendment/Reply iii. Information	Disclosure State	ement (IDS)
ii. Affidavit(s)/Declaration(s) iv. Other		
2. Miscellaneous		
a. Suspension of action on the above-identified application is requ	uested under 37	CFR 1.103(c) for a
period of months. (Period of suspension shall not ex	ceed 3 months; Fe	e under 37 CFR 1.17(i) required)
b. Other		
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 v		îled.
a. The Director is hereby authorized to charge the following fees,	any undernayme	ent of fees, or credit any
overpayments to Deposit Account No141449 I h		
i. X RCE fee required under 37 CFR 1.17(e)		
ii. Extension of time fee (37 CFR 1.136 and 1.17)		
:::		
iii. Other		
b. X Check in the amount of \$ 395.00 enck	osed	
c. Payment by credit card (Form PTO-2038 enclosed)		
SIGNATURE OF APPLICANT, ATTORNEY, OR	AGENT REQU	IRED
Signature	Date April	19, 2006
Name (Print/Type) Reza Mollaaghababa	Registration No.	43,810
	-	
Request for Continued Examination Tran	smittal	
I hereby certify that this paper (along with any paper referred to as being attached or enclose the date shown below with sufficient postage as First Class Mail In an envelope addressed	sed) is being denosi:	ted with the U.S. Postal Service on missioner for Patents, P.O. Box

1450, Alexandria, VA 22313-1450.

Dated: April 19, 2006

Signature:

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004.

## pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **TRANSMITTAL** For FY 2006

х Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT 395.00

Co	omplete if Known	
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Examiner Name	M.L. Padgett	
Art Unit	1762	
Attorney Docket No.	101430-0131RCE2	

METHOD OF PAY	MENT (check all ti	nat apply)						
X Check C	redit Card M	Ioney Order	None	Other (	please identi	fy):		
Deposit Account	Deposit Account Numb	er: 141449	Deposit Accoun	t Name:	Nutter	McClennen &	Fish LLP	
For the above	e-identified deposit a	account, the E	Director is he	reby authorize	ed to: (check	( all that apply)		
Charge	fee(s) indicated bel	ow		Charge	e fee(s) indi	cated below, ex	xcept for the	filing fee
	any additional fee(s		yment of	x Credit	any overpa	yments		
FEE CALCULATION	ON							
1. BASIC FILING, SE	ARCH, AND EXAM	INATION FE	ES				•	
		G FEES Small Entity	SEAR	CH FEES	EXAMIN	ATION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)
Utility	300	150	500	250	200	100	_	
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM F	EES							Small Entity
Fee Description	taraturatura perter - S						<u>Fee (\$)</u>	Fee (\$)
Each claim over 20 ( Each independent cla	,						50	25
Multiple dependent of	•	g Keissues)					200 360	100 180
Total Claims		ee (\$)	Fee Paid	d (\$)	Ma	ıltiple Depende		100
40 -48=	0 x	0 =	0	u (Ψ)			Fee Paid (\$)	
						<u> </u>		
Indep. Claims	Extra Claims F	ee (\$)	Fee Pai	d (\$)	<del></del> -			-
56=		0 = _	0					
3. APPLICATION SIZ		1 100 -1	- C (	1 1 1 1 .		•		
If the specification a	cFR 1.52(e)), the	d 100 sheets inplication si	of paper (ex	cluding electr	onically file	ed sequence or	computer	
sheets or fraction	thereof. See 35 U	S.C. 41(a)(1	)(G) and 37	CFR 1.16(s).	or sinan cir	iity) for cacif a	aditional 50	
Total Sheets	Extra Sheets	Number	of each addi	tional 50 or frac	tion thereof	Fee (\$)	Fee P	aid (\$)
10	0 =	/50	(rc	ound up to a who	ole number) >		=	
4. OTHER FEE(S)							Fees P	aid (\$)
	cification, \$130 fee		-	•				
Other (e.g., late fi	ling surcharge): 28	01 Request	for continu	ued examina	tion (RCE)	(see 37	395	5.00
SUBMITTED BY		//						
Signature	'S / V	1		gistration No. tomey/Agent)	43,810	Telephone	(617) 439	-2000
Name (Print/Type) Rez	a Mollaaghababa					Date	April 19,	2006

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